

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
MENTAL HOSPITAL								
THIS MONTH	280	52.14%	0.36%	18.93%	28.57%	80	18.21	
SIX MONTH AVERAGE	257	39.30%	1.95%	21.40%	36.96%	95	20.62	

T E N M O S T F R E Q U E N T L Y O C C U R R I N G :									
*-----ERRORS-----*					*-----ERRORS OVERRIDDEN-----*				
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON		PCT OF CLAIMS
421	MANUAL SUSPEND CODE	2.50%	421	MANUAL SUSPEND CODE	17.14%	990	DENY A DETAIL WITH NO ERRORS		20.71%
015	CLM CHG & LINE AMTS DISAGREE	2.50%	484	PROV ON REVIEW (FRAUD & ABUSE)	3.93%				%
997	CLAIM HAS <10 AUDIT ERRORS	2.14%	486	DIAGNOSIS ON REVIEW	1.79%				%
014	NET CHARGE OUT OF BALANCE	1.07%	497	CLAIM NOT SUBMITTED IN 1 YEAR	1.43%				%
631	INS. PMT 1-59% AND 1 TPL	0.71%	411	OVERLAPPING DATES OF SERVICE	0.71%				%
005	PROV NAME AND NUMBER DISAGREE	0.71%	509	NO INS PMT AND ANY TPL ON FILE	0.71%				%
280	UB92 NURSING INC MUST BE SPLIT	0.71%	428	SERV NOT DONE BY PCP/NO REF. #	0.71%				%
497	CLAIM NOT SUBMITTED IN 1 YEAR	0.36%	519	OUT OF STATE PROVID ON REVIEW	0.71%				%
442	CLAIM PAST FILING LIMIT (STMT)	0.36%	631	INS. PMT 1-59% AND 1 TPL	0.36%				%
398	ERROR BUT TABLE FULL	0.36%	466	DIAG NOT CONSISTENT WITH AGE	0.36%				%



## TYPE OF PROVIDER

TB HOSPITAL

THIS MONTH	125	62.40%	0.00%	7.20%	30.40%	38	8.80
SIX MONTH AVERAGE	104	53.85%	0.96%	9.62%	36.54%	38	9.62

T E N   M O S T   F R E Q U E N T L Y   O C C U R R I N G:

[illegible]





[illegible]

	MONTH	OF 02/2005	
NUMBER	PERCENT	PERCENT PAID	PERCENT
CLAIMS	PAID WITH	AFTER CORRECTING	REQUIRING
ADJUDICATED	NO ERRORS	1 OR MORE	OVERRIDE

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
INTERMEDIATE CARE FACILITY (ICF)								
THIS MONTH	184	44.02%	20.11%	3.80%	32.07%	59	61.96	
SIX MONTH AVERAGE	143	46.15%	20.28%	4.90%	28.67%	41	62.94	

T E N   M O S T   F R E Q U E N T L Y   O C C U R R I N G:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
180	FROM/THRU DATE NOT = DAYS BILL	15.76%	408	INS. PMT AND MORE THAN 1 TPL	1.63%	990	DENY A DETAIL WITH NO ERRORS	29.35%
076	RECIP NOT RESID IN LTC FACILT	9.78%	511	DUPLICATE CLM/R.L. PREV APPLD	1.09%			%
080	N'COV DTL & CLAIM AMT DISAGREE	7.61%	556	INSURANCE PMT & NO TPL ON FILE	0.54%			%
014	NET CHARGE OUT OF BALANCE	5.43%	426	INS PAY-NO F TPL-PROV NOT 1086	0.54%			%
134	RECIP NOT ELIGIBLE ON NH FILE	3.80%	503	SUSPECT DUPLICATE CLAIM	0.54%			%
272	REVENUE CODE INVALID	2.72%			%			%
197	COVERED DAYS > DAYS BILLED	2.72%			%			%
411	OVERLAPPING DATES OF SERVICE	2.17%			%			%
015	CLM CHG & LINE AMTS DISAGREE	1.63%			%			%
527	BUDGET ON HOLD - ADJUSTMENT	1.63%			%			%

E R R O R   D I S T R I B U T I O N   A N A L Y S I S								
TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF PERCENT PAID WITH NO ERRORS	02/2005 PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER 100 CLAIMS	
ICF - MENTALLY RETARDED								
THIS MONTH	1,081	85.38%	1.20%	0.74%	12.67%	137	5.37	
SIX MONTH AVERAGE	2,628	93.49%	3.58%	0.38%	2.55%	67	5.44	

T E N   M O S T   F R E Q U E N T L Y   O C C U R R I N G :								
*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
076	RECIP NOT RESID IN LTC FACILT	2.78%	511	DUPLICATE CLM/R.L. PREV APPLD	0.46%	990	DENY A DETAIL WITH NO ERRORS	12.49%
527	BUDGET ON HOLD - ADJUSTMENT	1.67%	497	CLAIM NOT SUBMITTED IN 1 YEAR	0.28%			%
015	CLM CHG & LINE AMTS DISAGREE	0.19%			%			%
080	N'COV DTL & CLAIM AMT DISAGREE	0.09%			%			%
005	PROV NAME AND NUMBER DISAGREE	0.09%			%			%
180	FROM/THRU DATE NOT = DAYS BILL	0.09%			%			%
197	COVERED DAYS > DAYS BILLED	0.09%			%			%
511	DUPLICATE CLM/R.L. PREV APPLD	0.09%			%			%
		%			%			%
		%			%			%



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TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
ICF / SNF								
THIS MONTH	4,889	76.95%	4.32%	3.87%	14.87%	727	9.04	
SIX MONTH AVERAGE	7,426	81.28%	2.96%	2.32%	13.44%	998	8.71	

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
527	BUDGET ON HOLD - ADJUSTMENT	2.52%	497	CLAIM NOT SUBMITTED IN 1 YEAR	1.21%	990	DENY A DETAIL WITH NO ERRORS	10.49%
088	NO MDS CLASSIFICATION FOUND	2.19%	408	INS. PMT AND MORE THAN 1 TPL	1.15%			%
087	N.H. CLASS/PROV MISS/CHANGED	0.72%	426	INS PAY-NO F TPL-PROV NOT 1086	0.88%			%
457	ZERO ALLOWED AMOUNT	0.63%	503	SUSPECT DUPLICATE CLAIM	0.63%			%
014	NET CHARGE OUT OF BALANCE	0.37%	509	NO INS PMT AND ANY TPL ON FILE	0.41%			%
180	FROM/THRU DATE NOT = DAYS BILL	0.35%	442	CLAIM PAST FILING LIMIT (STMT)	0.31%			%
005	PROV NAME AND NUMBER DISAGREE	0.27%	511	DUPLICATE CLM/R.L. PREV APPLD	0.29%			%
134	RECIP NOT ELIGIBLE ON NH FILE	0.22%	457	ZERO ALLOWED AMOUNT	0.06%			%
063	LAST PROC SERVICE DATE INVALID	0.22%	419	DOS WITHIN DISQ. TRANS. PERIOD	0.04%			%
197	COVERED DAYS > DAYS BILLED	0.14%	400	FILE CLAIM WITH MEDICARE	0.02%			%

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BASIC CARE								
THIS MONTH	1,136	88.56%	0.97%	2.02%	8.45%	96	2.46	
SIX MONTH AVERAGE	1,297	85.74%	0.77%	2.85%	10.72%	139	2.70	

T E N M O S T F R E Q U E N T L Y O C C U R R I N G :									
*-----ERRORS-----*					*-----ERRORS OVERRIDDEN-----*				
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON		PCT OF CLAIMS
527	BUDGET ON HOLD - ADJUSTMENT	0.70%	503	SUSPECT DUPLICATE CLAIM	1.76%	990	DENY A DETAIL WITH NO ERRORS		5.37%
076	RECIP NOT RESID IN LTC FACILT	0.53%	509	NO INS PMT AND ANY TPL ON FILE	1.06%				%
014	NET CHARGE OUT OF BALANCE	0.18%	497	CLAIM NOT SUBMITTED IN 1 YEAR	0.18%				%
133	RECIP NOT ON NH ELIGIBILITY	0.18%	400	FILE CLAIM WITH MEDICARE	0.09%				%
009	RECIPIENT NAME & NUM DISAGREE	0.18%	511	DUPLICATE CLM/R.L. PREV APPLD	0.09%				%
131	DISCHARGE DATE NOT = THRU DATE	0.09%			%				%
523	BUDGET ON HOLD, REBUDGET	0.09%			%				%
		%			%				%
		%			%				%
		%			%				%

# ERROR DISTRIBUTION ANALYSIS

[illegible]

DAY CARE

THIS MONTH	0	0.00%	0.00%	0.00%	0.00%	0	0.00
SIX MONTH AVERAGE	0	0.00%	0.00%	0.00%	0.00%	0	0.00

T E N   M O S T   F R E Q U E N T L Y   O C C U R R I N G:

[illegible]

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PHYSICIAN								
THIS MONTH	1,303	63.85%	1.69%	14.50%	19.95%	260	7.75	
SIX MONTH AVERAGE	1,217	55.22%	2.05%	15.04%	27.61%	336	14.79	

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
005	PROV NAME AND NUMBER DISAGREE	0.92%	503	SUSPECT DUPLICATE CLAIM	2.92%	990	DENY A DETAIL WITH NO ERRORS	10.67%
014	NET CHARGE OUT OF BALANCE	0.84%	509	NO INS PMT AND ANY TPL ON FILE	2.84%			%
009	RECIPIENT NAME & NUM DISAGREE	0.54%	485	PROCEDURE ON REVIEW	1.92%			%
485	PROCEDURE ON REVIEW	0.38%	442	CLAIM PAST FILING LIMIT (STMT)	1.84%			%
730	MORE THAN 1 SURG PROC PER DAY	0.38%	430	REFER PHYS NOT ON PROV MASTER	1.46%			%
067	PROCEDURE CODE MISS OR INVALID	0.38%	703	POS NOT CONSISTENT WITH CRIT	1.38%			%
015	CLM CHG & LINE AMTS DISAGREE	0.31%	631	INS. PMT 1-59% AND 1 TPL	1.15%			%
113	PERF PHYS NOT ON PROV FILE	0.23%	519	OUT OF STATE PROVID ON REVIEW	1.00%			%
112	PRESC PHYS NOT ON PROV FILE	0.23%	730	MORE THAN 1 SURG PROC PER DAY	0.77%			%
004	PROVIDER NUMBER NOT ON FILE	0.23%	478	MODIFIER REQ MANUAL REVIEW	0.77%			%

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E R R O R   D I S T R I B U T I O N   A N A L Y S I S							
TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER 100 CLAIMS
DEVELOPMENTAL DISABILITIES							
THIS MONTH	3,655	92.80%	5.14%	0.33%	1.72%	63	10.51
SIX MONTH AVERAGE	4,029	92.70%	5.24%	0.40%	1.69%	68	10.65

T E N   M O S T   F R E Q U E N T L Y   O C C U R R I N G :							
*-----ERRORS-----*				*-----ERRORS OVERRIDDEN-----*			
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	PCT OF CLAIMS
060	SUBMIT CHARGE MISS OR INVALID	2.44%	747	FSS BILLED UNITS EXCEED ACCUM	0.11%	990	DENY A DETAIL WITH NO ERRORS
223	NO RATE FOR DD SERVICE	2.38%	416	SUSPECT RECIPIENT	0.08%		%
222	DD SERV-INVALID OR INELIGIBLE	2.05%	427	NOT HCBS, NOT ON COPAY FILE	0.05%		%
008	RECIPIENT NUMBER NOT ON FILE	1.04%	738	NO CONTRACT AMT FOT DTE OF SVS	0.03%		%
229	RECIPIENT NOT ON DD FILE	0.41%	483	PROV NOT AUTH ISLA RECIP	0.03%		%
409	RECIPIENT INELIGIBLE	0.27%	530	DD CLIENT RESIDING IN ICF/MR	0.03%		%
009	RECIPIENT NAME & NUM DISAGREE	0.25%			%		%
005	PROV NAME AND NUMBER DISAGREE	0.22%			%		%
427	NOT HCBS, NOT ON COPAY FILE	0.14%			%		%
112	PRESC PHYS NOT ON PROV FILE	0.11%			%		%

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CHIROPRACTOR								
THIS MONTH	1,710	54.85%	7.89%	7.37%	29.88%	511	24.91	
SIX MONTH AVERAGE	1,464	56.01%	9.08%	6.63%	28.35%	415	29.10	

T E N M O S T F R E Q U E N T L Y O C C U R R I N G :									
*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*			
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON		PCT OF CLAIMS
704	PROV TYPE NOT CONSIS W/CRIT	5.67%	509	NO INS PMT AND ANY TPL ON FILE	4.21%	990	DENY A DETAIL WITH NO ERRORS		22.57%
705	PROV NOT CONSIS W/PHARM CLAIM	5.61%	430	REFER PHYS NOT ON PROV MASTER	1.70%				%
725	INVALID CD FOR CHIRO SERVICES	5.20%	631	INS. PMT 1-59% AND 1 TPL	0.88%				%
005	PROV NAME AND NUMBER DISAGREE	1.52%	424	MEDICARE ALLOWED AMOUNT = 0	0.41%				%
067	PROCEDURE CODE MISS OR INVALID	1.29%	411	OVERLAPPING DATES OF SERVICE	0.29%				%
014	NET CHARGE OUT OF BALANCE	0.70%	497	CLAIM NOT SUBMITTED IN 1 YEAR	0.18%				%
009	RECIPIENT NAME & NUM DISAGREE	0.70%	510	RECIPIENT ON LOCK-IN	0.18%				%
442	CLAIM PAST FILING LIMIT (STMT)	0.53%	501	EXACT DUPLICATE CLAIM	0.06%				%
457	ZERO ALLOWED AMOUNT	0.53%	503	SUSPECT DUPLICATE CLAIM	0.06%				%
112	PRESC PHYS NOT ON PROV FILE	0.29%			%				%

	MONTH	OF 02/2005	
NUMBER	PERCENT	PERCENT PAID	PERCENT
CLAIMS	PAID WITH	AFTER CORRECTING	REQUIRING
ADJUDICATED	NO ERRORS	1 OR MORE	OVERRIDE

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS
LICSW							
THIS MONTH	12	75.00%	0.00%	8.33%	16.67%	2	50.00
SIX MONTH AVERAGE	2	0.00%	0.00%	50.00%	50.00%	1	50.00

T E N   M O S T   F R E Q U E N T L Y   O C C U R R I N G:

[illegible]



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TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
PSYCHOLOGIST								
THIS MONTH	334	55.99%	2.40%	14.07%	27.54%	92	7.49	
SIX MONTH AVERAGE	303	31.35%	1.32%	27.72%	39.60%	120	16.50	

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
014	NET CHARGE OUT OF BALANCE	0.90%	456	LIMIT EXCEEDED	11.98%	990	DENY A DETAIL WITH NO ERRORS	20.96%
009	RECIPIENT NAME & NUM DISAGREE	0.60%	485	PROCEDURE ON REVIEW	3.29%			%
067	PROCEDURE CODE MISS OR INVALID	0.60%	509	NO INS PMT AND ANY TPL ON FILE	3.29%			%
484	PROV ON REVIEW (FRAUD & ABUSE)	0.60%	631	INS. PMT 1-59% AND 1 TPL	1.20%			%
065	PLACE OF SERVICE MISS OR INV	0.60%	408	INS. PMT AND MORE THAN 1 TPL	0.90%			%
192	SECOND DIAGNOSIS NOT ON FILE	0.30%	497	CLAIM NOT SUBMITTED IN 1 YEAR	0.30%			%
510	RECIPIENT ON LOCK-IN	0.30%	503	SUSPECT DUPLICATE CLAIM	0.30%			%
211	PROV INELIGIBLE ON SVC DATE	0.30%	703	POS NOT CONSISTENT WITH CRIT	0.30%			%
008	RECIPIENT NUMBER NOT ON FILE	0.30%	411	OVERLAPPING DATES OF SERVICE	0.30%			%
		%			%			%

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TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
PODIATRIST								
THIS MONTH	99	71.72%	6.06%	6.06%	16.16%	16	15.15	
SIX MONTH AVERAGE	26	61.54%	7.69%	15.38%	15.38%	4	19.23	

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
478	MODIFIER REQ MANUAL REVIEW	3.03%	509	NO INS PMT AND ANY TPL ON FILE	2.02%	990	DENY A DETAIL WITH NO ERRORS	8.08%
005	PROV NAME AND NUMBER DISAGREE	2.02%	430	REFER PHYS NOT ON PROV MASTER	1.01%			%
527	BUDGET ON HOLD - ADJUSTMENT	1.01%	424	MEDICARE ALLOWED AMOUNT = 0	1.01%			%
008	RECIPIENT NUMBER NOT ON FILE	1.01%	730	MORE THAN 1 SURG PROC PER DAY	1.01%			%
004	PROVIDER NUMBER NOT ON FILE	1.01%	631	INS. PMT 1-59% AND 1 TPL	1.01%			%
485	PROCEDURE ON REVIEW	1.01%			%			%
		%			%			%
		%			%			%
		%			%			%
		%			%			%

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OPTOMETRIST								
THIS MONTH	1,360	61.69%	3.31%	17.72%	17.28%	235	9.71	
SIX MONTH AVERAGE	151	79.47%	0.66%	9.93%	9.93%	15	3.31	

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
005	PROV NAME AND NUMBER DISAGREE	1.84%	711	SERVICES WITHIN 2 YEARS	10.51%	990	DENY A DETAIL WITH NO ERRORS	12.87%
065	PLACE OF SERVICE MISS OR INV	1.84%	424	MEDICARE ALLOWED AMOUNT = 0	3.75%			%
711	SERVICES WITHIN 2 YEARS	0.88%	509	NO INS PMT AND ANY TPL ON FILE	3.01%			%
009	RECIPIENT NAME & NUM DISAGREE	0.74%	430	REFER PHYS NOT ON PROV MASTER	1.99%			%
113	PERF PHYS NOT ON PROV FILE	0.37%	556	INSURANCE PMT & NO TPL ON FILE	1.18%			%
004	PROVIDER NUMBER NOT ON FILE	0.29%	485	PROCEDURE ON REVIEW	1.10%			%
703	POS NOT CONSISTENT WITH CRIT	0.22%	554	QMB-SLMB MEDICAID DUAL ELIGIBI	0.96%			%
192	SECOND DIAGNOSIS NOT ON FILE	0.22%	497	CLAIM NOT SUBMITTED IN 1 YEAR	0.96%			%
457	ZERO ALLOWED AMOUNT	0.22%	478	MODIFIER REQ MANUAL REVIEW	0.81%			%
183	CTY/CCS FROM DATE MISS/INVALID	0.22%	631	INS. PMT 1-59% AND 1 TPL	0.44%			%

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OPTICIAN								
THIS MONTH	1,619	60.90%	0.99%	3.34%	34.77%	563	2.59	
SIX MONTH AVERAGE	0	0.00%	0.00%	0.00%	0.00%	0	0.00	

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
703	POS NOT CONSISTENT WITH CRIT	1.36%	430	REFER PHYS NOT ON PROV MASTER	1.61%	990	DENY A DETAIL WITH NO ERRORS	2.10%
711	SERVICES WITHIN 2 YEARS	0.19%	711	SERVICES WITHIN 2 YEARS	1.05%			%
509	NO INS PMT AND ANY TPL ON FILE	0.12%	703	POS NOT CONSISTENT WITH CRIT	0.86%			%
009	RECIPIENT NAME & NUM DISAGREE	0.12%	509	NO INS PMT AND ANY TPL ON FILE	0.56%			%
430	REFER PHYS NOT ON PROV MASTER	0.06%	485	PROCEDURE ON REVIEW	0.43%			%
065	PLACE OF SERVICE MISS OR INV	0.06%	457	ZERO ALLOWED AMOUNT	0.31%			%
067	PROCEDURE CODE MISS OR INVALID	0.06%	554	QMB-SLMB MEDICAID DUAL ELIGIBI	0.19%			%
014	NET CHARGE OUT OF BALANCE	0.06%	466	DIAG NOT CONSISTENT WITH AGE	0.19%			%
		%	503	SUSPECT DUPLICATE CLAIM	0.06%			%
		%			%			%

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
SPEECH THERAPIST	THIS MONTH	1,483	44.84%	4.99%	38.71%	11.46%	170	15.91
	SIX MONTH AVERAGE	1,104	39.86%	5.07%	38.68%	16.49%	182	21.92

T E N   M O S T   F R E Q U E N T L Y   O C C U R R I N G :									
*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*			
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON		PCT OF CLAIMS
703	POS NOT CONSISTENT WITH CRIT	7.96%	509	NO INS PMT AND ANY TPL ON FILE	33.99%	990	DENY A DETAIL WITH NO ERRORS		10.65%
113	PERF PHYS NOT ON PROV FILE	1.01%	503	SUSPECT DUPLICATE CLAIM	6.14%				%
457	ZERO ALLOWED AMOUNT	0.61%	449	NO LEVEL 3 PRICE ON FILE	2.23%				%
503	SUSPECT DUPLICATE CLAIM	0.54%	457	ZERO ALLOWED AMOUNT	1.75%				%
725	INVALID CD FOR CHIRO SERVICES	0.54%	412	SERVICE TO BE SUPPLIED BY N.H.	1.62%				%
067	PROCEDURE CODE MISS OR INVALID	0.47%	501	EXACT DUPLICATE CLAIM	1.15%				%
509	NO INS PMT AND ANY TPL ON FILE	0.34%	430	REFER PHYS NOT ON PROV MASTER	1.15%				%
449	NO LEVEL 3 PRICE ON FILE	0.34%	497	CLAIM NOT SUBMITTED IN 1 YEAR	0.40%				%
997	CLAIM HAS <10 AUDIT ERRORS	0.34%	478	MODIFIER REQ MANUAL REVIEW	0.40%				%
428	SERV NOT DONE BY PCP/NO REF. #	0.34%	703	POS NOT CONSISTENT WITH CRIT	0.34%				%

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
PHYSICAL THERAPIST								
THIS MONTH	297	28.28%	2.69%	23.23%	45.79%	136	11.45	
SIX MONTH AVERAGE	345	24.35%	3.77%	41.45%	30.43%	105	41.16	

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
703	POS NOT CONSISTENT WITH CRIT	3.03%	519	OUT OF STATE PROVID ON REVIEW	18.52%	990	DENY A DETAIL WITH NO ERRORS	37.37%
009	RECIPIENT NAME & NUM DISAGREE	1.01%	509	NO INS PMT AND ANY TPL ON FILE	4.71%			%
015	CLM CHG & LINE AMTS DISAGREE	1.01%	501	EXACT DUPLICATE CLAIM	2.69%			%
014	NET CHARGE OUT OF BALANCE	1.01%	503	SUSPECT DUPLICATE CLAIM	2.02%			%
509	NO INS PMT AND ANY TPL ON FILE	0.67%	430	REFER PHYS NOT ON PROV MASTER	1.35%			%
005	PROV NAME AND NUMBER DISAGREE	0.67%	731	LIMIT MODALITY 18 PER 45 DAYS	0.34%			%
457	ZERO ALLOWED AMOUNT	0.34%			%			%
704	PROV TYPE NOT CONSIS W/CRIT	0.34%			%			%
735	LIMIT MODALITY 18 PER 45 DAYS	0.34%			%			%
519	OUT OF STATE PROVID ON REVIEW	0.34%			%			%



ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
DENTIST								
THIS MONTH	3,955	64.78%	4.45%	11.81%	18.96%	750	13.98	
SIX MONTH AVERAGE	4,100	65.12%	4.76%	13.80%	16.32%	669	15.15	

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
457	ZERO ALLOWED AMOUNT	1.44%	458	CALENDAR YEAR LIMIT EXCEEDED	5.16%	990	DENY A DETAIL WITH NO ERRORS	14.51%
005	PROV NAME AND NUMBER DISAGREE	1.24%	501	EXACT DUPLICATE CLAIM	2.96%			%
067	PROCEDURE CODE MISS OR INVALID	1.16%	485	PROCEDURE ON REVIEW	2.38%			%
009	RECIPIENT NAME & NUM DISAGREE	0.86%	457	ZERO ALLOWED AMOUNT	1.24%			%
014	NET CHARGE OUT OF BALANCE	0.83%	631	INS. PMT 1-59% AND 1 TPL	1.01%			%
464	HOSP BILL ON PROFES CLAIM FORM	0.78%	403	PTAR NUMBER REQUIRED	0.73%			%
015	CLM CHG & LINE AMTS DISAGREE	0.76%	509	NO INS PMT AND ANY TPL ON FILE	0.71%			%
008	RECIPIENT NUMBER NOT ON FILE	0.73%	449	NO LEVEL 3 PRICE ON FILE	0.68%			%
113	PERF PHYS NOT ON PROV FILE	0.63%	448	NO LEVEL 2 PRICE ON FILE	0.61%			%
411	OVERLAPPING DATES OF SERVICE	0.58%	556	INSURANCE PMT & NO TPL ON FILE	0.48%			%



	MONTH	OF 02/2005	
NUMBER	PERCENT	PERCENT PAID	PERCENT
CLAIMS	PAID WITH	AFTER CORRECTING	REQUIRING
ADJUDICATED	NO ERRORS	1 OR MORE	OVERRIDE

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER 100 CLAIMS
SCREENING CLINIC							
THIS MONTH	35	82.86%	0.00%	8.57%	8.57%	3	5.71
SIX MONTH AVERAGE	53	77.36%	3.77%	5.66%	13.21%	7	7.55

T E N   M O S T   F R E Q U E N T L Y   O C C U R R I N G:

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E R R O R   D I S T R I B U T I O N   A N A L Y S I S							
TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER 100 CLAIMS
INDEPENDENT CLINIC							
THIS MONTH	47,301	64.46%	1.26%	15.41%	18.87%	8,926	5.86
SIX MONTH AVERAGE	43,362	62.19%	1.65%	16.54%	19.63%	8,510	7.41

T E N   M O S T   F R E Q U E N T L Y   O C C U R R I N G :							
*-----ERRORS-----*				*-----ERRORS OVERRIDDEN-----*		*-----DENIALS-----*	
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON
067	PROCEDURE CODE MISS OR INVALID	1.04%	509	NO INS PMT AND ANY TPL ON FILE	3.66%	990	DENY A DETAIL WITH NO ERRORS
428	SERV NOT DONE BY PCP/NO REF. #	0.43%	503	SUSPECT DUPLICATE CLAIM	3.62%	519	OUT OF STATE PROVID ON REVIEW
009	RECIPIENT NAME & NUM DISAGREE	0.41%	430	REFER PHYS NOT ON PROV MASTER	2.00%		
485	PROCEDURE ON REVIEW	0.38%	485	PROCEDURE ON REVIEW	1.70%		
478	MODIFIER REQ MANUAL REVIEW	0.31%	478	MODIFIER REQ MANUAL REVIEW	1.40%		
014	NET CHARGE OUT OF BALANCE	0.27%	703	POS NOT CONSISTENT WITH CRIT	1.03%		
560	PERFORMING PHYSICIAN NOT LINKE	0.25%	519	OUT OF STATE PROVID ON REVIEW	0.89%		
005	PROV NAME AND NUMBER DISAGREE	0.24%	501	EXACT DUPLICATE CLAIM	0.79%		
503	SUSPECT DUPLICATE CLAIM	0.20%	486	DIAGNOSIS ON REVIEW	0.73%		
113	PERF PHYS NOT ON PROV FILE	0.17%	631	INS. PMT 1-59% AND 1 TPL	0.65%		

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER 100 CLAIMS
PUBLIC HEALTH DEPARTMENT CLINIC							
THIS MONTH	1,327	62.32%	2.11%	20.65%	14.92%	198	7.46
SIX MONTH AVERAGE	2,526	74.15%	1.70%	10.53%	13.66%	345	5.23

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
065	PLACE OF SERVICE MISS OR INV	1.13%	472	DIAG FILE INDICATES FP NEEDED	7.61%	990	DENY A DETAIL WITH NO ERRORS	11.23%
703	POS NOT CONSISTENT WITH CRIT	0.90%	501	EXACT DUPLICATE CLAIM	7.54%			%
005	PROV NAME AND NUMBER DISAGREE	0.45%	510	RECIPIENT ON LOCK-IN	2.41%			%
067	PROCEDURE CODE MISS OR INVALID	0.45%	457	ZERO ALLOWED AMOUNT	1.96%			%
472	DIAG FILE INDICATES FP NEEDED	0.45%	554	QMB-SLMB MEDICAID DUAL ELIGIBI	1.66%			%
113	PERF PHYS NOT ON PROV FILE	0.38%	503	SUSPECT DUPLICATE CLAIM	1.66%			%
112	PRESC PHYS NOT ON PROV FILE	0.38%	485	PROCEDURE ON REVIEW	1.21%			%
004	PROVIDER NUMBER NOT ON FILE	0.38%	430	REFER PHYS NOT ON PROV MASTER	1.13%			%
015	CLM CHG & LINE AMTS DISAGREE	0.38%	486	DIAGNOSIS ON REVIEW	0.98%			%
009	RECIPIENT NAME & NUM DISAGREE	0.23%	497	CLAIM NOT SUBMITTED IN 1 YEAR	0.83%			%

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
PLANNED PARENTHOOD CLINIC								
THIS MONTH	64	35.94%	0.00%	40.63%	23.44%	15	21.88	
SIX MONTH AVERAGE	71	50.70%	1.41%	32.39%	15.49%	11	9.86	

T E N M O S T F R E Q U E N T L Y O C C U R R I N G :									
*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*			
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON		PCT OF CLAIMS
457	ZERO ALLOWED AMOUNT	4.69%	457	ZERO ALLOWED AMOUNT	26.56%	990	DENY A DETAIL WITH NO ERRORS		10.94%
503	SUSPECT DUPLICATE CLAIM	3.13%	472	DIAG FILE INDICATES FP NEEDED	18.75%				%
409	RECIPIENT INELIGIBLE	1.56%	503	SUSPECT DUPLICATE CLAIM	3.13%				%
478	MODIFIER REQ MANUAL REVIEW	1.56%	556	INSURANCE PMT & NO TPL ON FILE	3.13%				%
501	EXACT DUPLICATE CLAIM	1.56%	485	PROCEDURE ON REVIEW	1.56%				%
108	DATES OF SERVICE > ICN DATE	1.56%			%				%
411	OVERLAPPING DATES OF SERVICE	1.56%			%				%
		%			%				%
		%			%				%
		%			%				%



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ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
RURAL HEALTH CLINIC								
THIS MONTH	3,795	74.84%	1.92%	8.19%	15.05%	571	6.06	
SIX MONTH AVERAGE	3,624	77.04%	2.35%	6.43%	14.16%	513	6.76	

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
005	PROV NAME AND NUMBER DISAGREE	1.26%	509	NO INS PMT AND ANY TPL ON FILE	2.45%	990	DENY A DETAIL WITH NO ERRORS	7.69%
014	NET CHARGE OUT OF BALANCE	0.97%	537	SURGICAL PROCEDURE CODE 1	0.95%			%
015	CLM CHG & LINE AMTS DISAGREE	0.66%	631	INS. PMT 1-59% AND 1 TPL	0.92%			%
008	RECIPIENT NUMBER NOT ON FILE	0.29%	473	FAMILY PLANNING % NEEDED	0.61%			%
272	REVENUE CODE INVALID	0.26%	510	RECIPIENT ON LOCK-IN	0.53%			%
061	PROC/REV DOS MISSING OR INVALI	0.21%	556	INSURANCE PMT & NO TPL ON FILE	0.50%			%
009	RECIPIENT NAME & NUM DISAGREE	0.18%	486	DIAGNOSIS ON REVIEW	0.42%			%
509	NO INS PMT AND ANY TPL ON FILE	0.13%	472	DIAG FILE INDICATES FP NEEDED	0.40%			%
411	OVERLAPPING DATES OF SERVICE	0.13%	408	INS. PMT AND MORE THAN 1 TPL	0.34%			%
556	INSURANCE PMT & NO TPL ON FILE	0.13%	554	QMB-SLMB MEDICAID DUAL ELIGIBI	0.34%			%



ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
COMMUNITY MENTAL HEALTH CENTER								
THIS MONTH	13,899	83.85%	3.26%	8.23%	4.66%	647	5.22	
SIX MONTH AVERAGE	8,783	83.19%	1.09%	8.39%	7.33%	644	3.85	

T E N M O S T F R E Q U E N T L Y O C C U R R I N G :								
*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
211	PROV INELIGIBLE ON SVC DATE	3.57%	705	PROV NOT CONSIG W/PHARM CLAIM	2.36%	990	DENY A DETAIL WITH NO ERRORS	2.30%
399	CLAIM AWAITING NH/HCBC/SH BILL	0.17%	509	NO INS PMT AND ANY TPL ON FILE	2.13%			%
015	CLM CHG & LINE AMTS DISAGREE	0.16%	556	INSURANCE PMT & NO TPL ON FILE	1.94%			%
191	PRIMARY DIAGNOSIS NOT ON FILE	0.10%	510	RECIPIENT ON LOCK-IN	1.21%			%
005	PROV NAME AND NUMBER DISAGREE	0.08%	503	SUSPECT DUPLICATE CLAIM	1.17%			%
705	PROV NOT CONSIG W/PHARM CLAIM	0.07%	497	CLAIM NOT SUBMITTED IN 1 YEAR	0.50%			%
497	CLAIM NOT SUBMITTED IN 1 YEAR	0.06%	501	EXACT DUPLICATE CLAIM	0.46%			%
509	NO INS PMT AND ANY TPL ON FILE	0.06%	704	PROV TYPE NOT CONSIG W/CRIT	0.29%			%
009	RECIPIENT NAME & NUM DISAGREE	0.06%	421	MANUAL SUSPEND CODE	0.21%			%
556	INSURANCE PMT & NO TPL ON FILE	0.06%	409	RECIPIENT INELIGIBLE	0.13%			%

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
HOME HEALTH AGENCY								
THIS MONTH	411	30.17%	10.71%	43.80%	15.33%	63	29.44	
SIX MONTH AVERAGE	461	37.31%	7.59%	35.57%	19.74%	91	27.77	

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
457	ZERO ALLOWED AMOUNT	6.08%	509	NO INS PMT AND ANY TPL ON FILE	29.68%	990	DENY A DETAIL WITH NO ERRORS	11.92%
015	CLM CHG & LINE AMTS DISAGREE	3.65%	416	SUSPECT RECIPIENT	20.92%			%
014	NET CHARGE OUT OF BALANCE	3.41%	421	MANUAL SUSPEND CODE	20.19%			%
527	BUDGET ON HOLD - ADJUSTMENT	2.19%	554	QMB-SLMB MEDICAID DUAL ELIGIBI	3.41%			%
191	PRIMARY DIAGNOSIS NOT ON FILE	1.95%	519	OUT OF STATE PROVID ON REVIEW	3.41%			%
421	MANUAL SUSPEND CODE	1.22%	447	NO LEVEL #1 PRICE ON FILE	2.68%			%
193	THIRD DIAGNOSIS NOT ON FILE	1.22%	459	HIGH VARIANCE	2.43%			%
022	PRIMARY DIAGNOSIS IS MISSING	1.22%	503	SUSPECT DUPLICATE CLAIM	1.46%			%
447	NO LEVEL #1 PRICE ON FILE	0.73%	497	CLAIM NOT SUBMITTED IN 1 YEAR	0.73%			%
459	HIGH VARIANCE	0.73%	631	INS. PMT 1-59% AND 1 TPL	0.73%			%

E R R O R   D I S T R I B U T I O N   A N A L Y S I S

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
QUALIFIED SERVICE PROVIDER								
THIS MONTH	1,331	90.68%	0.90%	0.90%	7.51%	100	1.88	
SIX MONTH AVERAGE	1,481	86.02%	1.22%	2.97%	9.72%	144	2.77	

T E N   M O S T   F R E Q U E N T L Y   O C C U R R I N G :

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
005	PROV NAME AND NUMBER DISAGREE	0.60%	514	CASE MANAGE SERV/LIMIT 1/MONTH	0.68%	990	DENY A DETAIL WITH NO ERRORS	6.31%
009	RECIPIENT NAME & NUM DISAGREE	0.30%	508	HCBC/SPED EXCEEDS LIMIT	0.15%			%
457	ZERO ALLOWED AMOUNT	0.15%	497	CLAIM NOT SUBMITTED IN 1 YEAR	0.08%			%
211	PROV INELIGIBLE ON SVC DATE	0.08%	442	CLAIM PAST FILING LIMIT (STMT)	0.08%			%
398	ERROR BUT TABLE FULL	0.08%			%			%
008	RECIPIENT NUMBER NOT ON FILE	0.08%			%			%
043	BILLING THRU DATE IS INVALID	0.08%			%			%
520	INVALID DATE OF SERVICE	0.08%			%			%
133	RECIP NOT ON NH ELIGIBILITY	0.08%			%			%
		%			%			%

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005		PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
		PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE					
FEDERALLY QUALIFIED HEALTH CENTER								
THIS MONTH	1,075	63.07%	1.95%	6.42%	28.56%	307	7.35	
SIX MONTH AVERAGE	988	53.54%	3.34%	15.08%	28.14%	278	13.06	

T E N M O S T F R E Q U E N T L Y O C C U R R I N G :									
*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*			
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON		PCT OF CLAIMS
005	PROV NAME AND NUMBER DISAGREE	3.53%	486	DIAGNOSIS ON REVIEW	1.49%	990	DENY A DETAIL WITH NO ERRORS		12.19%
014	NET CHARGE OUT OF BALANCE	1.12%	509	NO INS PMT AND ANY TPL ON FILE	1.12%				%
008	RECIPIENT NUMBER NOT ON FILE	0.37%	473	FAMILY PLANNING % NEEDED	1.02%				%
015	CLM CHG & LINE AMTS DISAGREE	0.37%	554	QMB-SLMB MEDICAID DUAL ELIGIBI	0.84%				%
061	PROC/REV DOS MISSING OR INVALI	0.19%	472	DIAG FILE INDICATES FP NEEDED	0.65%				%
465	DIAG NOT CONSISTENT WITH SEX	0.09%	631	INS. PMT 1-59% AND 1 TPL	0.56%				%
193	THIRD DIAGNOSIS NOT ON FILE	0.09%	510	RECIPIENT ON LOCK-IN	0.37%				%
192	SECOND DIAGNOSIS NOT ON FILE	0.09%	497	CLAIM NOT SUBMITTED IN 1 YEAR	0.37%				%
041	BILLING FROM DATE INVALID	0.09%	408	INS. PMT AND MORE THAN 1 TPL	0.09%				%
054	STMT FROM DATE LATER THAN THRU	0.09%	511	DUPLICATE CLM/R.L. PREV APPLD	0.09%				%

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER 100 CLAIMS
PHARMACY							
THIS MONTH	136,469	44.24%	0.05%	35.67%	20.04%	27,351	2.91
SIX MONTH AVERAGE	131,699	44.44%	0.06%	35.13%	20.37%	26,827	2.98

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
509	NO INS PMT AND ANY TPL ON FILE	0.73%	662	M/I UNIT OF MEASURE	14.50%	615	EARLY REFILL < 80% UTILIZED	5.14%
420	SUSPENDED FOR AUDITOR REVIEW	0.31%	610	DUR - DRUG DISEASE (REPORTED)	5.41%	409	RECIPIENT INELIGIBLE	2.35%
662	M/I UNIT OF MEASURE	0.30%	616	DUR - THERAPEUTIC DUPLICATION	4.21%	655	PLAN LIMITATIONS EXCEEDED	1.32%
658	BIRTH DATE INVALID	0.17%	614	DUR - INGREDIENT DUPLICATION	3.70%	501	EXACT DUPLICATE CLAIM	0.98%
639	POTENTIAL MEDICARE COVERAGE	0.15%	612	DUR - LOW DOSE ALERT - ADULT	2.84%	112	PRESC PHYS NOT ON PROV FILE	0.62%
610	DUR - DRUG DISEASE (REPORTED)	0.10%	451	LEGEND DRUG CHG OVER \$250.00	2.70%	608	PA WAS NOT FOUND	0.53%
451	LEGEND DRUG CHG OVER \$250.00	0.10%	627	DUR - LOW DOSE ALERT - GERIATR	1.90%	658	BIRTH DATE INVALID	0.44%
665	PROVIDER BILLED AMOUNT>10 TIME	0.09%	632	DUR- ADDITIVE TOXICITY	1.79%	211	PROV INELIGIBLE ON SVC DATE	0.36%
457	ZERO ALLOWED AMOUNT	0.06%	611	DUR - DRUG/DRUG INTERACTION	1.76%	069	NDC CODE MISSING OR INVALID	0.33%
628	DUR - HIGH DOSE ALERT - PEDIAT	0.06%	613	DUR - HIGH DOSE ALERT - ADULT	1.46%	601	NON-PAYABLE, OR DESI DRUG	0.33%

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
HEARING AID DEALER								
THIS MONTH	101	40.59%	1.98%	45.54%	11.88%	12	19.80	
SIX MONTH AVERAGE	115	34.78%	4.35%	44.35%	17.39%	20	34.78	

T E N M O S T F R E Q U E N T L Y O C C U R R I N G :									
*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*			
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON		PCT OF CLAIMS
457	ZERO ALLOWED AMOUNT	3.96%	457	ZERO ALLOWED AMOUNT	18.81%	990	DENY A DETAIL WITH NO ERRORS		6.93%
014	NET CHARGE OUT OF BALANCE	2.97%	485	PROCEDURE ON REVIEW	15.84%				%
113	PERF PHYS NOT ON PROV FILE	0.99%	554	QMB-SLMB MEDICAID DUAL ELIGIBI	12.87%				%
067	PROCEDURE CODE MISS OR INVALID	0.99%	430	REFER PHYS NOT ON PROV MASTER	3.96%				%
554	QMB-SLMB MEDICAID DUAL ELIGIBI	0.99%	466	DIAG NOT CONSISTENT WITH AGE	3.96%				%
065	PLACE OF SERVICE MISS OR INV	0.99%	497	CLAIM NOT SUBMITTED IN 1 YEAR	1.98%				%
		%	442	CLAIM PAST FILING LIMIT (STMT)	0.99%				%
		%	608	PA WAS NOT FOUND	0.99%				%
		%			%				%
		%			%				%

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER 100 CLAIMS
MEDICAL EQUIPMENT SUPPLIER							
THIS MONTH	2,620	46.56%	3.47%	28.36%	21.60%	566	20.27
SIX MONTH AVERAGE	2,319	50.06%	2.03%	26.43%	21.47%	498	13.67

T E N M O S T F R E Q U E N T L Y O C C U R R I N G :							
*-----ERRORS-----*				*-----ERRORS OVERRIDDEN-----*			
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS		ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	
457	ZERO ALLOWED AMOUNT	7.48%		509	NO INS PMT AND ANY TPL ON FILE	14.08%	
485	PROCEDURE ON REVIEW	4.96%		478	MODIFIER REQ MANUAL REVIEW	6.26%	%
478	MODIFIER REQ MANUAL REVIEW	1.53%		410	DME = NURSING HOME RESIDENT	3.63%	%
067	PROCEDURE CODE MISS OR INVALID	1.22%		430	REFER PHYS NOT ON PROV MASTER	3.55%	%
509	NO INS PMT AND ANY TPL ON FILE	0.50%		485	PROCEDURE ON REVIEW	3.09%	%
424	MEDICARE ALLOWED AMOUNT = 0	0.42%		457	ZERO ALLOWED AMOUNT	2.56%	%
501	EXACT DUPLICATE CLAIM	0.34%		497	CLAIM NOT SUBMITTED IN 1 YEAR	2.29%	%
113	PERF PHYS NOT ON PROV FILE	0.27%		554	QMB-SLMB MEDICAID DUAL ELIGIBI	1.53%	%
163	MODIFIER IS INVALID	0.23%		484	PROV ON REVIEW (FRAUD & ABUSE)	1.22%	%
193	THIRD DIAGNOSIS NOT ON FILE	0.23%		503	SUSPECT DUPLICATE CLAIM	0.80%	%
*-----DENIALS-----*							
DENIAL CODE	DENIAL REASON						
990	DENY A DETAIL WITH NO ERRORS	15.00%					







[illegible]

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER 100 CLAIMS
INDEPENDENT LABORATORY							
THIS MONTH	1,399	55.18%	0.71%	24.52%	19.59%	274	3.65
SIX MONTH AVERAGE	1,067	44.24%	2.72%	26.71%	26.34%	281	10.97

T E N M O S T F R E Q U E N T L Y O C C U R R I N G :							
*-----ERRORS-----*				*-----ERRORS OVERRIDDEN-----*			
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS		ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	
009	RECIPIENT NAME & NUM DISAGREE	0.57%		430	REFER PHYS NOT ON PROV MASTER	15.37%	
509	NO INS PMT AND ANY TPL ON FILE	0.36%		485	PROCEDURE ON REVIEW	3.79%	
008	RECIPIENT NUMBER NOT ON FILE	0.29%		703	POS NOT CONSISTENT WITH CRIT	3.43%	%
163	MODIFIER IS INVALID	0.29%		509	NO INS PMT AND ANY TPL ON FILE	2.57%	%
065	PLACE OF SERVICE MISS OR INV	0.29%		503	SUSPECT DUPLICATE CLAIM	2.14%	%
014	NET CHARGE OUT OF BALANCE	0.14%		486	DIAGNOSIS ON REVIEW	1.29%	%
465	DIAG NOT CONSISTENT WITH SEX	0.14%		510	RECIPIENT ON LOCK-IN	0.50%	%
067	PROCEDURE CODE MISS OR INVALID	0.14%		501	EXACT DUPLICATE CLAIM	0.36%	%
485	PROCEDURE ON REVIEW	0.07%		478	MODIFIER REQ MANUAL REVIEW	0.36%	%
510	RECIPIENT ON LOCK-IN	0.07%		466	DIAG NOT CONSISTENT WITH AGE	0.29%	%

*-----DENIALS-----*			
DENIAL CODE	DENIAL REASON	PCT OF CLAIMS	
990	DENY A DETAIL WITH NO ERRORS	15.30%	
430	REFER PHYS NOT ON PROV MASTER	0.07%	

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
INDEPENDENT X-RAY SERVICE								
THIS MONTH	2,298	67.71%	0.78%	17.19%	14.32%	329	3.39	
SIX MONTH AVERAGE	1,955	64.45%	0.97%	18.06%	16.57%	324	4.19	

T E N M O S T F R E Q U E N T L Y O C C U R R I N G :								
*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
009	RECIPIENT NAME & NUM DISAGREE	0.65%	430	REFER PHYS NOT ON PROV MASTER	10.18%	990	DENY A DETAIL WITH NO ERRORS	7.40%
067	PROCEDURE CODE MISS OR INVALID	0.26%	509	NO INS PMT AND ANY TPL ON FILE	4.05%			%
014	NET CHARGE OUT OF BALANCE	0.22%	503	SUSPECT DUPLICATE CLAIM	1.65%			%
008	RECIPIENT NUMBER NOT ON FILE	0.17%	478	MODIFIER REQ MANUAL REVIEW	0.74%			%
005	PROV NAME AND NUMBER DISAGREE	0.13%	497	CLAIM NOT SUBMITTED IN 1 YEAR	0.74%			%
022	PRIMARY DIAGNOSIS IS MISSING	0.13%	554	QMB-SLMB MEDICAID DUAL ELIGIBI	0.35%			%
485	PROCEDURE ON REVIEW	0.13%	501	EXACT DUPLICATE CLAIM	0.30%			%
457	ZERO ALLOWED AMOUNT	0.13%	510	RECIPIENT ON LOCK-IN	0.26%			%
113	PERF PHYS NOT ON PROV FILE	0.13%	519	OUT OF STATE PROVID ON REVIEW	0.22%			%
015	CLM CHG & LINE AMTS DISAGREE	0.09%	466	DIAG NOT CONSISTENT WITH AGE	0.17%			%



ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER CLAIMS	100
MEDICAL TRANSPORTATION								
THIS MONTH	668	52.84%	2.69%	24.40%	20.06%	134	13.92	
SIX MONTH AVERAGE	696	37.50%	2.59%	28.88%	31.03%	216	34.34	

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
457	ZERO ALLOWED AMOUNT	1.35%	459	HIGH VARIANCE	12.87%	990	DENY A DETAIL WITH NO ERRORS	12.28%
065	PLACE OF SERVICE MISS OR INV	1.35%	430	REFER PHYS NOT ON PROV MASTER	7.93%			%
005	PROV NAME AND NUMBER DISAGREE	0.90%	509	NO INS PMT AND ANY TPL ON FILE	4.49%			%
424	MEDICARE ALLOWED AMOUNT = 0	0.90%	503	SUSPECT DUPLICATE CLAIM	4.19%			%
163	MODIFIER IS INVALID	0.75%	478	MODIFIER REQ MANUAL REVIEW	1.95%			%
015	CLM CHG & LINE AMTS DISAGREE	0.75%	457	ZERO ALLOWED AMOUNT	1.65%			%
067	PROCEDURE CODE MISS OR INVALID	0.60%	501	EXACT DUPLICATE CLAIM	1.35%			%
459	HIGH VARIANCE	0.45%	510	RECIPIENT ON LOCK-IN	1.05%			%
478	MODIFIER REQ MANUAL REVIEW	0.45%	497	CLAIM NOT SUBMITTED IN 1 YEAR	1.05%			%
191	PRIMARY DIAGNOSIS NOT ON FILE	0.45%	486	DIAGNOSIS ON REVIEW	0.75%			%

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER 100 CLAIMS
MISCELLANEOUS TRANSPORTATION							
THIS MONTH	1,269	66.04%	3.55%	20.49%	9.93%	126	11.43
SIX MONTH AVERAGE	1,578	69.96%	4.18%	17.87%	7.98%	126	16.73

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
014	NET CHARGE OUT OF BALANCE	1.42%	457	ZERO ALLOWED AMOUNT	12.61%	990	DENY A DETAIL WITH NO ERRORS	8.20%
015	CLM CHG & LINE AMTS DISAGREE	1.34%	519	OUT OF STATE PROVID ON REVIEW	5.36%			%
065	PLACE OF SERVICE MISS OR INV	1.18%	554	QMB-SLMB MEDICAID DUAL ELIGIBI	4.33%			%
005	PROV NAME AND NUMBER DISAGREE	0.95%	503	SUSPECT DUPLICATE CLAIM	3.47%			%
519	OUT OF STATE PROVID ON REVIEW	0.71%	412	SERVICE TO BE SUPPLIED BY N.H.	1.73%			%
211	PROV INELIGIBLE ON SVC DATE	0.71%	497	CLAIM NOT SUBMITTED IN 1 YEAR	0.87%			%
457	ZERO ALLOWED AMOUNT	0.47%	501	EXACT DUPLICATE CLAIM	0.79%			%
113	PERF PHYS NOT ON PROV FILE	0.47%	459	HIGH VARIANCE	0.39%			%
004	PROVIDER NUMBER NOT ON FILE	0.39%	411	OVERLAPPING DATES OF SERVICE	0.32%			%
067	PROCEDURE CODE MISS OR INVALID	0.39%	442	CLAIM PAST FILING LIMIT (STMT)	0.32%			%





# ERROR DISTRIBUTION ANALYSIS

[illegible]

## MISCELLANEOUS

THIS MONTH	96	84.38%	0.00%	3.13%	12.50%	12	6.25
SIX MONTH AVERAGE	88	38.64%	17.05%	13.64%	31.82%	28	61.36

T E N   M O S T   F R E Q U E N T L Y   O C C U R R I N G:

[illegible]

ERROR DISTRIBUTION ANALYSIS

TYPE OF PROVIDER	NUMBER CLAIMS ADJUDICATED	MONTH OF 02/2005 PERCENT PAID WITH NO ERRORS	PERCENT PAID AFTER CORRECTING 1 OR MORE	PERCENT REQUIRING OVERRIDE	PERCENT DENIED	NUMBER CLAIMS DENIED	AVERAGE ERRORS PER 100 CLAIMS
GENERAL HOSPITAL							
THIS MONTH	20,583	64.90%	0.69%	11.27%	23.15%	4,764	5.14
SIX MONTH AVERAGE	17,401	67.04%	1.20%	10.09%	21.67%	3,770	5.83

TEN MOST FREQUENTLY OCCURRING:

*-----ERRORS-----*			*-----ERRORS OVERRIDDEN-----*			*-----DENIALS-----*		
ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	ERROR CODE	ERROR DESCRIPTION	PCT OF CLAIMS	DENIAL CODE	DENIAL REASON	PCT OF CLAIMS
014	NET CHARGE OUT OF BALANCE	0.91%	509	NO INS PMT AND ANY TPL ON FILE	3.20%	990	DENY A DETAIL WITH NO ERRORS	14.89%
015	CLM CHG & LINE AMTS DISAGREE	0.54%	421	MANUAL SUSPEND CODE	1.78%			%
273	CPT-4 PROC CODE MISS / INVALID	0.32%	457	ZERO ALLOWED AMOUNT	1.25%			%
272	REVENUE CODE INVALID	0.22%	486	DIAGNOSIS ON REVIEW	0.93%			%
056	ACCOM/ANCIL MISS OR INVALID	0.15%	519	OUT OF STATE PROVID ON REVIEW	0.89%			%
005	PROV NAME AND NUMBER DISAGREE	0.13%	631	INS. PMT 1-59% AND 1 TPL	0.84%			%
457	ZERO ALLOWED AMOUNT	0.13%	510	RECIPIENT ON LOCK-IN	0.81%			%
510	RECIPIENT ON LOCK-IN	0.13%	485	PROCEDURE ON REVIEW	0.51%			%
008	RECIPIENT NUMBER NOT ON FILE	0.13%	473	FAMILY PLANNING % NEEDED	0.48%			%
191	PRIMARY DIAGNOSIS NOT ON FILE	0.12%	472	DIAG FILE INDICATES FP NEEDED	0.44%			%